

IRON COUNTY NURSING HOME	PROVIDER #:	46A044	FACILITY BEDS	TYPE ACTION:	RECERTIFICATION	
69 EAST 100 SOUTH		PHONE NUMBER:	(435) 477-3615	TOTAL:	31	
PAROWAN UT 84761	PARTICIPATION DATE:	03/01/1991	CERTIFIED:	31	TYPE OWNERSHIP:	FOR PROFIT - CORPORATION
STATE'S REGION CODE:	001					

RESIDENT CENSUS ON 02/21/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS:		31
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TOTAL:	29	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID:	22				31	
OTHER:	7					

PRIOR 3 SURVEY 12/1998	S/S CODE	PRIOR 2 SURVEY 02/2000	S/S CODE	PRIOR 1 SURVEY 03/2001	S/S CODE	CURRENT SURVEY 02/21/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	E			REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES	
		X	E			X C	D	03/31/2002 REQ F0273-FREQUENCY OF ASSESSMENTS - NO LATER THAN 14 DAYS	
						X C	D	03/31/2002 REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS	
						X C	E	03/31/2002 REQ F0280-DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN	
				X	D			REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING	
								REQ F0318-RANGE OF MOTION TREATMENT & SERVICES	
X	E							REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG	
				X	E	X C	E	03/31/2002 REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF	
		X	D					REQ F0520-FACILITY MAINTAINS QA COMMITTEE	

EDITION OF LSC APPLIED					
85 EXIST	85 EXIST	85 EXIST	85 EXIST		
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE	
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	
11/1998	02/2000	02/2001	02/18/2002		LSC DEFICIENCIES - BLDG NO. 01
X	X	X	X N		K0017-CORRIDOR WALLS
X	X	X	X N		K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
	X	X			K0029-HAZARDOUS AREAS - SEPARATION
X	X	X	X N		K0033-EXIT PARTITIONS
X	X	X	X N		K0034-STAIRS AND SMOKE PROOF TOWERS
X	X	X	X N		K0039-CORRIDOR WIDTH
			X C	04/10/2002	K0047-EXIT SIGNS
		X			K0050-FIRE DRILLS
X					K0061-MAIN SPRINKLER CONTROL
	X				K0062-SPRINKLER SYSTEM MAINTENANCE
X	X				K0069-COOKING EQUIPMENT
			X C	04/10/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	3	2	1
HEALTH TOTAL	4	3	2	1
LIFE SAFETY CODE	7	7	8	7
LIFE SAFETY CODE + HEALTH	11	10	10	8

SURVEY DATE	STATUS
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04/21/1999	UNSUBSTANTIATED
08/03/1999	UNSUBSTANTIATED
02/17/2000	SUBSTANTIATED
03/29/2001	SUBSTANTIATED

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT